



## Tampa Family Health Centers, Inc. Application for Employment

We are an equal opportunity employer and will consider all applicants for all positions without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided by federal or other applicable law. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. Each question is expected to be answered in a complete and accurate manner. No action can be taken on this application until all questions have been answered.

**PERSONAL DATA REQUESTED:** Date \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
include area code include area code

E-mail Address: \_\_\_\_\_

Present Address \_\_\_\_\_  
STREET CITY STATE ZIP

**INITIAL KEY DATA** - Please mark your replies below:

Yes	No	Are you over age 18?
Yes	No	Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?
Yes	No	Do you smoke or use tobacco products? Please note: We do not employ tobacco users. As a primary care health care provider, we believe such usage directly conflicts with our mission.
Yes	No	Do you have any visible tattoos that can be seen while wearing the standard professional attire or standard scrubs uniform required for the position you seek? This includes tattoos on hands, wrists, neck, and head. Please note: Visible tattoos are prohibited.
Yes	No	Do you have a current CPR Certification and CPR Card?
Yes	No	Have you ever been convicted of any misdemeanor or felony? If yes, NOTE: A conviction will not necessarily disqualify you from employment. We will discuss this info with you if you interview.

If Yes, please list the conviction type and location \_\_\_\_\_

Yes No Do you have the ability, with or without reasonable accommodation, to work overtime or travel if required by the job?

If no, please explain \_\_\_\_\_

Yes No Do you accept that you must relocate if you do not now reside in the Tampa Bay area?  
Note that all of our employment is in the greater Tampa Bay area.

Yes No Do you have a currently valid Drivers License? If so, State \_\_\_\_\_ Type \_\_\_\_\_

Yes No Are there any days or hours you would be unwilling or unable to work?

Please specify days or times you can't work. \_\_\_\_\_

### EMPLOYMENT DESIRED:

How did you learn of our company and/or position? \_\_\_\_\_

Mark the employment type you seek: Full-time Part-time Temporary or summer

Position applied for – please list position, do not list “any” \_\_\_\_\_

Salary Desired - be specific; do not list “any” or “open” \_\_\_\_\_



Date Available to start \_\_\_\_\_

Are you presently employed? Yes No If Yes, may we contact your present employer? Yes No

Are you now, or do you expect to be, working in any other business or job? Yes No

Have you ever worked for our company before? Yes No If so, when: \_\_\_\_\_

Do you have any relatives who work for our company now, or in the past? Yes No

If so, who? \_\_\_\_\_

**EDUCATION:**

Name, Address and Location	Graduate?	Courses Studied
High School	Diploma or GED?	
Trade or Technical School		
College		

Are you planning to pursue further studies? Yes No When? \_\_\_\_\_

List and describe any other school or Specialized Training \_\_\_\_\_

**MILITARY:**

Have you ever served in the military? Yes No

Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_

Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

**CAPABILITY / RELIABILITY:**

How many days of work (or school) have you missed in the last two years? \_\_\_\_\_

How many times have you been late for work (or school) in the last two years? \_\_\_\_\_

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If Yes, please explain \_\_\_\_\_

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If Yes, please explain \_\_\_\_\_

Have you ever been fired, or asked to resign from a job? Yes No

If Yes, please explain \_\_\_\_\_

**WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time during the past 10 years, including military service and any period of unemployment. If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR****DO NOT REFERENCE YOUR RESUME**

Name of Employer Address City, State, Zip		Name and Title of Last Supervisor  E-mail for Supervisor:	Dates Employed: From:              To:
Area Code      Telephone	Nature of Business		Starting Pay:
Title or Position You Held			Ending Pay:
			Reason for Leaving
Duties			

Name of Employer Address City, State, Zip		Name and Title of Last Supervisor  E-mail for Supervisor:	Dates Employed: From:              To:
Area Code      Telephone	Nature of Business		Starting Pay:
Title or Position You Held			Ending Pay:
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Duties			

**SPECIAL SKILLS**

Do you have keyboard/data entry skills? Yes No Words per Minute? \_\_\_\_\_

Have you any computer or word processing skills? Yes No

If Yes, Please Describe:

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What languages do you speak fluently? \_\_\_\_\_

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need additional space, please attach a separate document.

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**REFERENCES**

Requests for reference data are made as part of our background check process, which is completed only on a post-offer, pre-employment basis.

**ACKNOWLEDGMENT AND CERTIFICATION:**

I certify that my answers to the questions on this application, and all data I provide to permit assessment and evaluation of my potential for employment with Tampa Family Health Centers (TFHC) are true and correct without any consequential omissions of any kind whatsoever. I understand and agree that if I am employed, any false, misleading or otherwise incorrect statements made on this application form and all data I provide to permit assessment and evaluation of my potential for employment with TFHC, whenever discovered, may be grounds for immediate termination of my employment,

I hereby authorize TFHC to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of such inquiries. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all rules and regulations of TFHC. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of employment and refusal to take such tests when asked will be grounds for my immediate termination of employment. I further understand that only the TFHC Chief Executive Officer (CEO), or a representative directly appointed and authorized by the CEO, may enter into any written or verbal employment contracts with me for any definite period of time. I also understand that absent any individual employment contract my employment is "at will" and may be terminated by myself or by TFHC at any time for any reason, with or without prior notice. This application is valid for active consideration by TFHC for only 90 days from the date of application I have written on the first page.

Signature \_\_\_\_\_



**Tampa Family Health Center, Inc.  
Reference Release Form**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN TO:**

Tampa Family Health Center, Inc.  
ATTN: Human Resources Dep't.  
E-mail: TFHCRecruiting@HCNetwork.org

Applicants Name: \_\_\_\_\_

The above named applicant is being considered for employment by Tampa Family Health Center, Inc. and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated with confidence. Please return this form via FAX at the provided number or by mail to address indicated. Thank you for your assistance.

**Applicant's Authorization**

I consent to and authorize the above named employer, and it's agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Record of Employment**

Dates of Prior Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Would you Re-Hire this applicant: YES \_\_\_ NO \_\_\_ IF NOT, WHY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Please Rate the Following:	Excellent	Good	Average	Fair	Poor
Job Knowledge	_____	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Print name - Prepared by

Date